

REGISTRATION FORM

One Registration Form per Person

Full Name :

(Underline Last Name)

Name on Name Tag :

Salutation : ☐ **Mr.** ☐ **Ms.** ☐ **Prof.** ☐ **Dr.**

(You may tick two)

Institution/Organization :

Mailing Address :

City/State/Postcode :

Country :

Telephone : **Fax :**

E-mail(s) : **Cell :**

REGISTRATION FEES

Please tick a Box

	Category	A. Conference Early-Bird Registration (by 28 April)	B. Conference Regular Registration	
			28 April – 30 June	1 July – 9 August*
1	International - Professional	☐ US\$ 250	☐ US\$ 300	☐ US\$ 450
2	International - Student	☐ US\$ 125	☐ US\$ 150	☐ US\$ 250
3	Indonesian Resident - Professional	☐ Rp. 1.250.000,-	☐ Rp. 1.500.000,-	☐ Rp 2.500.000
4	Indonesian Resident - Student	☐ Rp. 500.000,-	☐ Rp. 750.000,-	☐ Rp 1.250.000

Please tick a Box

I am a : ☐ a Participant
 (select one) ☐ b Presenter (write Code:)

Total Payment Amount :

Write amount :

PAYMENT METHOD

Make Bank Transfer payable to: **(Fees do not include Bank Transfer charges, add as applicable)**

BANK MANDIRI, KCP Bandung Siliwangi - Bandung, INDONESIA. Swift Code: **BMRIIDJA**

☐ US Dollars : DR.Ing.Ir. Heru Wibowo, MURP,IAI - Acct.No. **130-00-0564603-2**

☐ ID Rupiah : DR.Ing.Ir. Heru Wibowo, MURP,IAI - Acct.No. **130-00-0474754-2**

Please write on message line: "Arte-Polis 5" and your Full Name

Fax or e-mail this Registration Form with copy of Payment transfer (and Student certification, if applicable) to:

Arte-Polis 5 International Conference

Institut Teknologi Bandung (ITB) - School of Architecture, Planning and Policy Development

LabTek. IXB, Architecture Building, Basement Level

Jalan Ganesha 10, Bandung 40132, INDONESIA

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